

<b>PRODUCT QUALITY DEFICIENCY REPORT</b>						<input type="checkbox"/> CATEGORY I		<input type="checkbox"/> CATEGORY II		
1a. FROM (Originator)					2a. TO (Screening point)					
1b. NAME, TELEPHONE NO. AND SIGNATURE				1c. DATE	2b. NAME, TELEPHONE NO. AND SIGNATURE			2c. DATE		
3. REPORT CONTROL NO.		4. DATE DEFICIENCY DISCOVERED		5. NATIONAL STOCK NO. (NSN)		6. NOMENCLATURE				
7a. MANUFACTURER/CITY/STATE				7b. MFRS. CODE		7c. SHIPPER/CITY/STATE			8. MFRS. PART NO.	
9. SERIAL/LOT/BATCH NO.		10a. CONTRACT NO.		10b. PURCHASE ORDER NO.		10c. REQUISITION NO.		10d. GBL NO.		
11. ITEM <input type="checkbox"/> NEW <input type="checkbox"/> REPAIRED/ OVERHAULED		12. DATE RECD., MFRD., REPAIRED, OR OVERHAULED		13. OPERATING TIME AT FAILURE		14. GOVERNMENT FURNISHED MATERIAL <input type="checkbox"/> YES <input type="checkbox"/> NO				
15. QUANTITY		a. RECEIVED		b. INSPECTED		c. DEFICIENT		d. IN STOCK		
16. DEFICIENT ITEM WORKS ON/WITH	a. END ITEM (Aircraft, mower, etc.)	(1) TYPE/MODEL/SERIES						(2) SERIAL NO.		
	b. NEXT HIGHER ASSEMBLY	(1) NATIONAL STOCK NO. (NSN)		(2) NOMENCLATURE		(3) PART NO.		(4) SERIAL NO.		
17. UNIT COST \$		18. ESTIMATED REPAIR COST \$		19a. ITEM UNDER WARRANTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		19b. EXPIRATION DATE				
20. WORK UNIT CODE/EIC (Navy and Air Force Only.)										
21. ACTION/DISPOSITION <input type="checkbox"/> HOLDING EXHIBIT FOR _____ DAYS <input type="checkbox"/> RELEASED FOR INVESTIGATION <input type="checkbox"/> RETURNED TO STOCK <input type="checkbox"/> DISPOSED OF <input type="checkbox"/> REPAIRED <input type="checkbox"/> OTHER (Explain in Item 22)										
22. DETAILS (Describe, to best ability, what is wrong, how and why, circumstances prior to difficulty, description of difficulty, cause, action taken, including disposition, recommendations. Attach copies of supporting documents. Continue on separate sheet if necessary.)										
23. LOCATION OF DEFICIENT MATERIAL										
24a. TO (Action Point)					25a. TO (Support Point) (Use Items 26 and 27 if more than one)					
24b. NAME, TELEPHONE NO. AND SIGNATURE				24c. DATE	25b. NAME, TELEPHONE NO. AND SIGNATURE			25c. DATE		
26a. TO (Support Point)					27a. TO (Support Point)					
26b. NAME, TELEPHONE NO. AND SIGNATURE				26c. DATE	27b. NAME, TELEPHONE NO. AND SIGNATURE			27c. DATE		